

Par. 1. **Material Transmitted and Purpose** – Transmitted with the Manual Letter are changes to Service Chapter 650-25, State and Community Programs Funded Under the Older Americans Act Policies and Procedures Manual. The old language is struck through, and the new language is underlined.

Delivery Characteristics 650-25-30-01-20

Caregiver support services must be available statewide.

1. All referrals must be contacted within two working days.
2. The Caregiver Assessment Tool must be completed in the Harmony for Aging (HFA) formerly known as Social Assistance Management System (SAMS) data collection system to document need. The tool is available through the web-based HFA data collection system.
3. Individuals seeking services must be provided with service options. The individual has the right to make an independent choice of service providers.
4. All contacts, including telephone calls, must be documented in the narrative section of the HFA data collection system. The documentation shall include a brief descriptive statement of the interaction, including any service needs identified, alternatives explored, and service delivery options offered.
5. Each client and provider case record must be maintained in an individualized file and secured in a locked file cabinet, a locked area, or a restricted computer program.
6. Coordinate service activities with existing community agencies and voluntary organizations to maximize service provision and avoid duplication.
7. All services must be promoted through a variety of social service networks i.e., churches, service organizations, schools, professional conferences, etc.
8. A signed release of information document for every service provider must be on file before information can be shared or released.
9. A Notice of Privacy Practices (DN 900) will be given to every caregiver and a signed Acknowledgement of Receipt of the Notice of Private Practices (SFN 936) will be kept in the record.
10. Determine eligibility for rural differential rate as per the standard NDFCSP Rural Differential Unit Rate for Qualified Service Providers

and complete the Rural Differential Authorization form (SFN 225). The rural differential unit rate should be designated on the individual Caregiver Option Plan. Caregiver Coordinators must notify the NDFCSP Program Administrator via email every time a caregiver has been authorized to receive the rural differential unit rate and again when their enrollment has been terminated.

Service Activities 650-25-30-10

8. Respite Care.

- Identify and arrange for payment of a qualified respite care provider for the temporary relief of the primary caregiver. A qualified respite care provider may include an individual, registered nurse, licensed practical nurse, certified nurse assistant who is enrolled as a respite care qualified service provider (QSP) with the Department of Human Services an adult or child day care facility, a licensed adult or child foster care home, long term care facility, or a qualified family member who is related to the individual receiving care. Biological, adoptive parents and stepparents are not eligible to receive NDFCSP respite care payments when caring for their own biological, adopted or stepchildren. Qualified respite providers who choose to provide enhanced Alzheimer's and related dementia respite must also have completed the caregiver dementia training approved by the Department of Human Services.
- Caregiver Coordinators will be responsible to insure individual and agency QSPs enrolled with the Department of Human Services receive payment from the NDFCSP for respite services at a same rate as the current 15 minute unit rate established by the Medical Services Division. If verification is needed for a particular QSP provider's established 15 minute unit rate, Caregiver Coordinators should consult with the Program Administrator.
- Respite care that will be provided in the home of a qualified service provider (QSP) cannot be authorized until the Caregiver Coordinator has made a visit to the home and completed a Respite Home Evaluation (SFN 549) with the QSP. The SFN 549 is not required when respite services are being

provided in the home of a qualified family member or in a licensed adult or child family foster care home.

- Respite Home Evaluations (SFN 549) are valid for no longer than 24 months from the date of issuance or the date of expiration of the provider's status as a qualified service provider (QSP), whichever comes first. The QSP expiration date can be obtained from Aging Services Division. A copy of the evaluation form must be provided to the QSP and the original should be maintained in the provider's file.
- Individual [i.e. qualified family members and qualified service provider (QSP)] rates for respite care services shall not exceed the current Medicaid QSP rate. Providers who have an individual QSP rate different from the state Medicaid QSP rate shall be paid at their established individual rate, not the maximum Medicaid QSP rate. A qualified family member is the current or former spouse of one of the following relatives of the elderly or disabled person: parent, grandparent, adult child, adult sibling, adult grandchild, adult niece, or adult nephew. (Current or former spouse refers to in-law relationships.)
- Agency unit respite rates shall not exceed the current maximum rate for the service under Medicaid. Agency providers who have an agency QSP rate different from the state Medicaid QSP rate shall be paid at their established agency rate, not the maximum Medicaid QSP rate.
- Payment for overnight/24-hour, in-home respite provided by an enrolled QSP, qualified family member or agency shall not exceed the current Medicaid hospital swing bed rate. Payment for one day of respite care cannot exceed the current Medicaid hospital swing bed rate whether or not the person received overnight care.
- Caregivers eligible for the NDFCSP rural differential respite care services unit rate will receive an overnight/24-hour care rate that exceeds the current Medicaid hospital swing bed rate. The Aging Services Division, in conjunction with Medical Services Division, will establish the maximum daily rate based on rural differential care services unit rate for the current enrollment period. Overnight/24-hour care rates will be issued as changes occur.

- Overnight / 24 hour respite care provided in a hospital swing bed or long-term care facility shall not exceed the current Medicaid swing bed rate.
- Overnight respite care services for eligible grandchildren may be provided in a licensed child foster care home. Approval from the local county social service case manager working with the child foster care home must be obtained prior to making arrangements for respite services.
- A caregiver is eligible to receive funding for respite services if they are providing 24-hour care and the care recipient has two or more activities of daily living (ADL) limitations or a cognitive impairment which makes it unsafe for them to be left alone.
- A caregiver who does not live with the care recipient but is providing care and assistance to the care recipient on a daily basis, does not meet the eligibility requirements to receive routine respite care services from the program. Payment for respite care services could be considered should the caregiver have need of extended time away from the care recipient (based on care recipient's specific needs). Eligibility must be based on the coordinator's assessment insuring the care recipient meets all other program eligibility and services provided by the caregiver enables the care recipient to remain in the community.
- Authorization or use of respite services for time while the caregiver is at work is prohibited.
- Caregivers are not eligible to receive NDFCSP services if they or the care recipient are receiving state, federal, or county funded services available through existing Home and Community Based Services (HCBS) programs. If the only HCBS service a caregiver is accessing is Homemaker Services, the coordinator will explore, with the caregiver, eligibility for additional HCBS programs prior to making a decision regarding NDFCSP eligibility. If the caregiver is eligible only for Homemaker Services and all other FCSP eligibility criteria have been met, the caregiver may be enrolled to access NDFCSP services.
- Primary caregivers who are being paid by private arrangement or by a public funded program to provide care are not eligible to receive NDFCSP respite services.

- Grandparents or relative caregivers who have adopted the grandchild/child and receive an adoption subsidy are not eligible to receive program services.
- Caregivers who receive respite or in-home care services from a source other than a public funded program; i.e. Hospice, Veteran's Services, etc. may receive NDFCSP program respite services but the amount of the respite service allocation should be carefully considered based on amount of respite services other programs are providing.
- Funding for respite service available to a primary caregiver cannot exceed the established service cap for respite care service in a twelve-month period (July 1 to June 30). The Aging Services Division determines the service cap for each 12-month enrollment period. Updated service cap information will be issued as changes occur.
- Division staff determines the service cap for each 12-month enrollment period. Updated service cap information will be issued as changes occur.
- Respite care for caregivers who qualify for NDFCSP respite care services and pay privately for respite service or who receive respite from a source other than a public funded program; i.e. Hospice, Veteran's Services, etc, may receive additional respite through the NDFCSP if there is a documented need for additional services based on the caregiver assessment. The amount of additional respite care authorized should be carefully considered and should coincide with the program purpose of respite care that is occasional and intermittent.
- Caregivers who are caring for an individual with Alzheimer's Disease or a related dementia are eligible to receive enhanced respite funding. The caregiver and at least one of their respite care providers will be required to attend the caregiver dementia training approved by the Department of Human Services.
- Funding for respite service available to a primary caregiver cannot exceed the established service cap for respite care service in a twelve-month period (July 1 to June 30). The Aging Services Division determines the service cap ~~based on~~ with consideration to the percentage of Medicaid provider rate increases which are established during the ND legislative session. Updated service cap information will be issued as changes occur.

- Allocations for respite care services must be prorated on a three month allocation or, if less than three months, the number of months the Caregiver Option Plan is in effect. Respite service funding on the Caregiver Option Plan will be allocated on a three month prorated basis. Coordinators will review the Caregiver Option Plan at a minimum of every three months to assess caregiver use of respite funding. The Coordinator will make adjustments to respite service allocations based on expended funding, which may include an increase or reduction of funding. Respite care service allocation may exceed the quarterly prorated cap if the caregiver's need has been established and documented in the caregiver record and does not exceed the twelve month service cap.
- Caregivers and their providers who meet the eligibility for the NDFCSP Rural Differential QSP unit rate will receive a service cap adjustment over the established service cap for the enrollment period. Rural differential service cap information will be issued as changes occur. Caregiver Coordinators must notify the NDFCSP Program Administrator via email every time a caregiver has been authorized to receive the rural differential unit rate and again when their enrollment has been terminated.
- Individuals providing care for a person with Alzheimer's disease or a related dementia are eligible to receive an enhancement of \$600 over the established service cap for the enrollment period if they and at least one of their respite providers have successfully completed the approved caregiver dementia training.
- Services available to a primary caregiver may exceed the service cap established for the enrollment if it can be demonstrated that the caregiver has an extraordinary need that significantly increases the caregiver's responsibilities and not providing the additional respite may place the care recipient at imminent risk of institutional placement. A written request to exceed the established service cap must be sent to the Aging Services Division NDFCSP Program Administrator for approval. Approval will be determined on a case-by-case basis and is limited to a one-time allocation. Individuals who receive Alzheimer's disease or related dementia enhanced respite service funding are not eligible to receive an additional

respite allocation beyond the service cap established for the enrollment period.

Rural Differential Unit Rate for Qualified Service Providers

650-25-30-10-15

Purpose

The purpose of the rural differential rate is to create greater access to home and community based services for caregivers who reside in rural areas of North Dakota by offering a higher rate to Qualified Service Providers (QSPs) who are willing to travel to provide services. QSPs that are willing to travel at a minimum distance of 21 miles round trip to provide care to authorized individuals in rural areas will be reimbursed at a higher rate to provide respite care services for NDFCSP caregivers. Rural differential unit rates vary based on the round trip mileage. QSPs are not paid for the time they drive to or from the client's home; the rural differential rate may only be used for the time spent actually providing services.

Standards for Providers

Enrolled agency or individual QSPs authorized to provide Respite Care or Personal Care for NDFCSP caregivers.

Service Activities, Authorized

The rural differential rate is based on the physical address of the eligible caregiver and must be identified on the Caregiver Option Plan (SFN 165).

The NDFCSP Caregiver Coordinator will complete NDFCSP Rural Differential Rate Authorization (SFN 225) upon initial enrollment for each caregiver and QSP provider who meet the eligibility criteria for the rural differential rate. When the caregiver case closes, the Caregiver Coordinator must also complete SFN 225 to include the date of case closure.

Copies of the NDFCSP Rural Differential Rate Authorization when both opening and closing a case will be distributed as follows:

- Original to the QSP
- Copy in the caregiver file
- Copy to the Qualified Service Provider file
- Copy to the NDFCSP Program Coordinator

- Copy to the Rural Differential Program Administrator, HCBS Medical Services, responsible for rural differential program services oversight.

The Caregiver Coordinator will add the rural differential rate on the NDFCSP Caregiver Option Plan as caregivers become eligible for the rate.

The NDFCSP Caregiver Coordinator will notify the NDFCSP Program Administrator via email of every caregiver and QSP who are eligible for the rural differential rate upon initial sign up and case closure.

The NDFCSP Program Administrator has the responsibility to maintain a statewide database of all NDFCSP caregivers eligible for receiving the rural differential rate.

Service Eligibility, Criteria for

The rural differential rate is caregiver specific. A NDFCSP caregiver receiving services paid at the rural differential rates will meet the following criteria:

1. Must be eligible for NDFCSP services.
2. Reside outside the city limits of Fargo, Bismarck, Grand Forks, Minot, West Fargo, Mandan, Dickinson, Jamestown, and Williston.
 - Situations where there is a discrepancy in what is considered city limits must be prior approved by a Rural Differential Program Administrator, Medical Services Division. The NDFCSP Caregiver Coordinator must send a written request for verification to the Rural Differential Program Administrator HCBS Medical Services, responsible for rural differential program services oversight and mileage verification.
3. Needs respite care services and does not have access to a QSP of their choice, within a minimum of a 21 mile round trip distance of their residence who is willing to provide care.

Service Delivery

The rural differential rate is based on the number of miles (round trip) a QSP travels from their home base to provide services at the home of an authorized NDFCSP caregiver.

- Home base is either the individual QSPs physical address, or the Agencies home office, satellite office, or employees physical address (if they are not required to report to the home office each day because of distance) whichever is closer.
- If an agency employee is not required to report to the home office each day because of distance and they live 21 or more miles (round trip) from the client's home the rural differential rate may be used. If the employee lives less than 21 miles (round trip) from the client's home than the rural differential may not be used. Rural differential unit rates vary based on the number of round trip mileage.
- Rural differential rates are based on the distance it takes to travel to each individual client's home even if the QSPs serve more than one caregiver in the community or in the same home.
- Information on the rural differential unit rate will be provided as changes occur.

Addresses

NDFCSP Caregiver Coordinators must use the physical address (PO BOX is not acceptable) listed on the QSP list or NDFCSP Provider Agreement when determining which rural differential rate to use for individual QSPs and Agency providers.

Agency employees who are not required to report to their agency each day because of distance must make their address available to the NDFCSP Program Administrator's office for verification. If a QSP states that the physical address on the QSP list is incorrect they must contact Rural Differential Program Administrator, HCBS Medical Services, or NDFCSP Program Administrator's office of the change in their address before an authorization can be provided that includes a rural differential rate. It is not sufficient to notify the NDFCSP Caregiver Coordinator.

Determining Distance

NDFCSP Caregiver Coordinators are required to verify distance between the caregiver's home and the QSPs home base by using the following website- www.mapquest.com. The Caregiver Coordinator is responsible to choose the

most reasonable route and print a copy of the MapQuest results that must be kept in the caregiver file. A copy of the mapquest mileage verification must be sent along with SFN 225 to the NDFCSP Program Administrator and the Rural Differential Program Administrator.

- If there is a discrepancy when calculating distance, the final decision will be made by the Rural Differential Program Administrator. The NDFCSP Caregiver Coordinator must send a written request explaining the issue to the Rural Differential Program Administer.